

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>WJF</i>		11/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

68 Best Available Copy

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/16/01
2	✓	✓	11/16/01
3	✓	✓	11/16/01
4	✓	✓	11/16/01
5	✓	✓	11/16/01
6	✓	✓	11/16/01
7	✓	✓	11/16/01
8	✓	✓	11/16/01
9	✓	✓	11/16/01
10	✓	✓	11/16/01
11	✓	✓	11/16/01
12	✓	✓	11/16/01
13	✓	✓	11/16/01
14	✓	✓	11/16/01
15	✓	✓	11/16/01
16	✓	✓	11/16/01
17	✓	✓	11/16/01
18	✓	✓	11/16/01
19	✓	✓	11/16/01
20	✓	✓	11/16/01
21	✓	✓	11/16/01
22	✓	✓	11/16/01
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25	✓	✓	11/16/01
26	✓	✓	11/16/01
27	✓	✓	11/16/01
28	✓	✓	11/16/01
29	✓	✓	11/16/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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